

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10582027
FILING DATE
APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51			51		51	
2							52			52		52	
3							53			53		53	
4							54			54		54	
5							55			55		55	
6							56			56		56	
7							57			57		57	
8							58			58		58	
9							59			59		59	
10							60			60		60	
11							61			61		61	
12							62			62		62	
13							63			63		63	
14							64			64		64	
15							65			65		65	
16							66			66		66	
17							67			67		67	
18							68			68		68	
19							69			69		69	
20							70			70		70	
21							71			71		71	
22							72			72		72	
23							73			73		73	
24							74			74		74	
25							75			75		75	
26							76			76		76	
27							77			77		77	
28							78			78		78	
29							79			79		79	
30							80			80		80	
31							81			81		81	
32							82			82		82	
33							83			83		83	
34							84			84		84	
35							85			85		85	
36							86			86		86	
37							87			87		87	
38							88			88		88	
39							89			89		89	
40							90			90		90	
41							91			91		91	
42							92			92		92	
43							93			93		93	
44							94			94		94	
45							95			95		95	
46							96			96		96	
47							97			97		97	
48							98			98		98	
49							99			99		99	
50							100			100		100	
TOTAL IND.			3				TOTAL IND.			3			
TOTAL DEP.			28				TOTAL DEP.			28			
TOTAL CLAIMS			31				TOTAL CLAIMS			31			